

Case Number:	CM15-0054948		
Date Assigned:	03/26/2015	Date of Injury:	12/17/1996
Decision Date:	05/05/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/23/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 68-year-old female, who sustained an industrial injury on 12/17/1996. The initial complaints or symptoms included left foot pain/injury due to cumulative trauma resulting in complex regional pain syndrome of the left lower extremity and complicated by a stress fracture of the left foot. Treatment to date has included conservative care, medications, conservative therapies, peripheral nerve stimulator (08/05/2014, 08/11/2015, 08/15/2014 and 08/19/2014), sleep study, radiographic imaging and MRIs of the left lower extremity, and consultations/evaluations. Currently, the injured worker complains of frustration over the denial of medications that help control her pain and depression. The injured worker reported that since stopping the Gralise, her pain and significantly increased and activity levels have decreased. It was also noted that the injured worker suffered a recent fall fracturing the left foot. The diagnoses include bilateral lower extremity complex regional pain syndrome, fibromyalgia, and lumbar/cervical spondylosis. The treatment plan consisted of medication management (off narcotics, continuation of gabapentin, appeal of denial of Savalla, and add Tizanidine and alprazolam), continued medical foods, pending aquatic therapy, and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Alprazolam 5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress, Benzodiazepine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Regarding this request for a benzodiazepine, the Chronic Pain Medical Treatment Guidelines state the benzodiazepines are, "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an anti-depressant." Within the documentation available for review, it appears that there has been long term use of this class of medications. The psychiatrist further documents that the patient has benefit from 1mg of xanax. However, this request is for 5mg. Without further clarification of this discrepancy, this request is not medically necessary.